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Bib Data Sheet

CONFIRMATION NO. 6984

<b>SERIAL NUMBER</b> 10/650,492	<b>FILING OR 371(c) DATE</b> 08/29/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> STROM.7275
<b>APPLICANTS</b> Jan Ake Hallen, Ostra, SWEDEN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0202601-1 09/02/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/20/2003				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 18
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> Samuels, Gauthier & Stevens LLP Suite 3300 225 Franklin Street Boston, MA02110				
<b>TITLE</b> OBSTETRIC VACUUM EXTRACTOR				
<b>FILING FEE RECEIVED</b> 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	